# SUPPLEMENT
TO THE
# BRITISH MEDICAL JOURNAL.

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# British Medical Association.

## CURRENT NOTES.

### Meeting of Council.

At the meeting of the Central Council held on February 16th congratulations were accorded to Sir Dawson Williams, Sir Squire Sprigge, Sir Charles Ryall, Sir William Hodgson, and Sir Alexander J. Hood of Sydney, on the knighthoods conferred on them at the New Year. Dr. J. A. Macdonald gave an extremely interesting account of his recent visit to the South African Branches, and the welcome he received everywhere throughout his tour. The Council expressed its pleasure at the conspicuous success with which Dr. Macdonald had acted as its representative in South Africa. Among the many important matters discussed was that of the steps to be taken whereby the Association may become in part a federation. The Council approved for publication in an early issue of the Supplement an exhaustive report on this subject submitted in draft by the Organization Committee, and resolved to convene an extraordinary general meeting of the Association, to be held at Newcastle on July 19th, 1921, immediately after the statutory Annual General Meeting, for the purpose of adopting the amended articles and by-laws. An account of the complimentary luncheon given to Sir Dawson Williams, Editor of the British Medical Journal, by the Council, appears in the Journal at p. 309. The usual report of the proceedings of Council will shortly be published in the Supplement; but the position in regard to the draft Dangerous Drugs Regulations, as reported to the Council on February 16th, is described in a Current Note below.

### Dangerous Drugs Regulations.

The Divisions of the Association and the Local Medical and Panel Committees are to be congratulated on the prompt way in which most of them have taken action in regard to the Regulations of the Home Office under the Dangerous Drugs Act. The Home Office has received many communications from individual doctors as well as from Divisions and Local Medical and Panel Committees, and many members of Parliament have been stimulated to action in regard to these unfortunate Regulations.

As reported in Current Notes last week, the Home Office has sent a statement of the modifications it is prepared to make in the Regulations, and this was considered by the Council on February 16th. The letter, summarized, states:

1. That there is no reason why prescriptions should not be either typewritten or printed.

2. That it is recognized that it will not be necessary to write the words "not to be repeated" on a prescription containing one of the drugs.

3. That the Regulations were not intended to try to get a record of drugs administered personally or under the direct supervision of a practitioner—that direct administration would not be held to be "supply" under the Regulations.

4. Suggestions are made for the simplification of the record demanded, and it is proposed now that one book instead of four shall be kept for the record so long as each of the four drugs is dealt with on separate pages, and that in the record, in addition to the date, name and address of the patient, it should only be necessary to make a cross reference to the prescription containing the drugs in the doctor's day book.

5. That Regulation 8 does not apply to preparations of the drugs which contain less than the percentages mentioned in Regulation 1, and that therefore the Association is in error in supposing that any package or bottle containing *any* preparation which contains one of the drugs, in whatever proportion, was intended to be marked with the name of the drug and the percentage thereof on the label. The Secretary of State is, moreover, prepared to drop the suggestion that the name and quantity of the drug shall be stated on the label of any medicine dispensed by a doctor or by a chemist on a doctor's prescription.

6. It will not be necessary to keep records at each separate branch surgery or house of call. All that will be required will be a record wherever the doctor keeps a separate day book.

7. There will be no difficulty about a doctor getting a supply of drugs by a telephone message, and alterations will be made in the Regulations to make it quite clear that the delivery by a chemist to his own messenger or to any common carrier for the purpose of delivery at a doctor's house is not intended to be covered by the Regulation.

The Council decided to express no opinion on the new proposals of the Home Office until the Regulations have been seen in their new form, and the Home Office has been so informed. In the meantime the Association, in conjunction with the British Dental Association, the Pharmaceutical Society of Great Britain, and other bodies concerned, is pressing the Home Secretary to receive a deputation, to urge on him (1) that Regulations of this kind should not have been issued, and shall not in future be issued, until the organizations concerned have been effectively consulted; (2) that the draft Regulations should be withdrawn pending the discussion of the subject by a small expert committee.

The attitude of the profession should continue to be one of great vigilance, as it may be necessary to call upon Parliament to object to the draft Regulations if the Home Office insists on placing them before the House without reference to an expert committee.

### The Army Medical Service.

The attention of the Association has been called to an Army Order altering the dress distinctions on the cap and tunic of general officers and officers of the administrative staff, and it is understood that this is causing a considerable amount of irritation in the R.A.M.C. and amongst the officers concerned. It is unfortunate, from the point of

view of the medical profession, that such action should have been taken, as it appears to mean the restoration of class distinctions between medical and combatant officers. This element of class distinction created much discontent in the Medical Service of the Army in the years before it was constituted a Royal Corps, and it is a well-known fact that the professional efficiency of the R.A.M.C. made great advances as a result of its abolition, with corresponding advantage to the Army as a whole. The most bitter opponents of the changes which were then made in ranks and titles of medical officers now recognize their value. When the war broke out, the only rank which might be called a class distinction rank was that of surgeon-general, and this was altered to major-general early in 1918. Major-Generals, A.M.S., then wore the scarlet cap and gorget patches of the rank, while officers of the administrative medical staff of junior rank wore the blue cap band and gorget patches of other administrative staff officers. The new Army Order changes all this. Major-Generals, A.M.S., must now revert to the black velvet band and patches of surgeon-general, while administrative medical officers revert to bands and patches of dull cherry, the colour of the R.A.M.C. facings. The class distinction introduced by the new Order is made more significant by the fact that, although it affects the small number of senior officers of the Royal Army Ordnance, Veterinary, and Pay Corps, it does not affect those in the Royal Army Service Corps or the many officers of general rank who are, or were, employed on duties which were quite as far removed from combatant work as that of the A.M.S. It will be the duty of the Association to watch the effect of this Order, and to take any steps that may appear necessary to safeguard the interests of R.A.M.C. officers.

### I.M.S. Pay—Civil Branch.

The Association has received a number of complaints from I.M.S. officers in civil employ owing to the fact that they have not yet received the increase of pay as promised last July. Very strong representations have been made to the India Office, and a letter has been received stating that a telegram has been sent to the Government of India asking that adjustment of arrears and pay due under the new scale shall be specially expedited. Representations have also been made privately, and the Chairman of the Committee has been given an unequivocal promise from a high quarter that the undertaking of the Secretary of State will be kept in full and that all back pay which is due will be given. The Naval and Military Committee is watching this matter very closely, and officers of the I.M.S. may confidently leave their interests in its hands.

## Association Notices.

### SUGGESTED CHANGES OF AREAS.

*Proposed Ealing Division.*

NOTICE is hereby given to all concerned of a proposal, made at a meeting of the members of the Association resident in the Ealing district, held on February 17th, 1921, that so much of the present South Middlesex Division as is contained within the Municipal Borough of Ealing, the Urban Districts of Hayes, Greenford, Southall-Norwood, Hanwell, Acton, Chiswick, and Brentford, be detached from that Division to form a separate Division, to be called the Ealing Division. Written notice of the proposal has been given to the Metropolitan Counties Branch and the South Middlesex Division, and the matter will be determined in due course by the Council. Any member affected by the proposed change, and objecting thereto, is requested to write, giving the reason therefor, to the Medical Secretary, 429, Strand, W.C., not later than March 26th, 1921.

### BRANCH AND DIVISION MEETINGS TO BE HELD.

EDINBURGH BRANCH.—The winter clinical meeting of the Edinburgh Branch will be held in the Royal Infirmary on Friday, March 4th. All members of the profession are cordially invited. The museum will be open from 11 a.m. Arrangements will be made for holding special clinics during the forenoon. The clinical meeting will be held at 3.15 p.m. At 5 p.m. Dr. J. S. Haldane, LL.D., F.R.S., Oxford, will deliver a lecture on "Some recent advances in the physiology of respiration, circulation, and renal excretion." There will be dinner at 6.30 p.m. in the Caledonian Station Hotel; morning dress; dinner ticket, price 10s. 6d. Members of the Branch are requested to notify the Honorary Secretaries not later than February 28th whether or not they intend to be present.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—A meeting of the Camberwell Division will be held on Wednesday, March 2nd, when Dr. H. C. Cameron, of Guy's Hospital, will give an address on Children.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A meeting of the City Division will be held at the Metropolitan Hospital on Wednesday, March 2nd, at 9.15 p.m., when Mr. McAdam Eccles will give a British Medical Association lecture on the Early Diagnosis of Acute Abdomens. A general meeting of the Division will be held on March 9th, and a dinner-dance will take place at the Abercorn Rooms, Great Eastern Hotel, on March 31st.

## Meetings of Branches and Divisions.

### METROPOLITAN COUNTIES BRANCH: EALING DIVISION.

A MEETING of the members of the Association in Ealing and the neighbourhood, held at Ealing Broadway on February 17th, was well attended by practitioners from all parts of this area.

After some introductory remarks by Dr. GOODALL, President of the Metropolitan Counties Branch, Dr. J. W. BELL (North Ealing) was unanimously elected to the chair.

The following resolution was unanimously passed:

> That the Council of the British Medical Association be requested to constitute a new Division of the Association, to be called the Ealing Division, which shall include all members resident in the borough of Ealing, the urban districts of Hayes, Greenford, Southall-Norwood, Hanwell, Acton, Chiswick, and Brentford.

The following officers were elected:

*Chairman:* Dr. J. W. Bell (Ealing). *Honorary Secretary:* Dr. J. A. Davidson (Golden Manor House, Hanwell). *Executive Committee:* Dr. Thomas Orr (Ealing), Dr. S. M. Banham (Ealing), Dr. Agnes Dunnell (Ealing), Dr. J. L. Timmins (Acton), Dr. G. Thomson (West Ealing), Dr. H. H. Tomkins (South Ealing), and Dr. A. H. Hart (Southall). *Representatives on Branch Council:* Dr. J. A. Davidson, and Dr. Agnes Dunnell.

Dr. ANDERSON, Deputy Medical Secretary of the Association, having spoken on the services rendered by the Association in the interests of its members, an animated debate followed. Questions were asked, and answered by Dr. ANDERSON and Mr. BISHOP HARMAN. Confidence in the power of the Association to help its members was freely expressed, and the proceedings terminated with a cordial vote of thanks to the Deputy Medical Secretary and members and officials of the Branch who visited Ealing for the occasion.

### MALAYA BRANCH.

*A Correction.*

IN the report of the proceedings of the Malaya Branch, published on December 18th, 1920, p. 166, it was incorrectly stated that the salaries paid to medical practitioners in the Government service were *inadequate;* it should have been stated that the meeting considered that the salaries were *adequate.*

## CONFERENCE OF STAFFS OF VOLUNTARY HOSPITALS IN SCOTLAND.

A CONFERENCE of representatives of the honorary medical staffs of voluntary hospitals in Scotland, convened by the Hospitals Subcommittee of the Scottish Committee, was held in the offices of the Association, 6, Rutland Square, Edinburgh, on February 5th, to consider what is the general opinion of hospital staffs as to how the present financial difficulties of voluntary hospitals should be met. All the teaching hospitals were represented, as well as a large number of the smaller general and special hospitals throughout the country. Dr. R. C. BUIST, Chairman of the Hospitals Subcommittee, presided.

It was moved on behalf of the Hospitals Subcommittee:

> That the voluntary method of administration of the voluntary hospitals of the country should be maintained.

Dr. NORMAN WALKER moved an amendment:

> That the present methods of administration of the voluntary hospitals should be continued.

He instanced the difficulty of defining "voluntary," and argued that where so many differences of opinion existed and when so many proposals were being considered, some of which might be thought to conflict with the voluntary principle, it was better to adopt a resolution in general terms which would cover everything that was at the present time regarded as voluntary.

The CHAIRMAN, on behalf of the Subcommittee, accepted the proposal, and called for a discussion on the general question.

Dr. STEPHEN (Banff) said he had been instructed to oppose the motion. He and his colleagues felt that it was no longer possible to carry on the smaller hospitals and to provide the necessary up-to-date equipment from voluntary sources alone, and that they must look for help from the State or elsewhere. Dr. MCFARLAN (Stirling) said that the staff of his infirmary took the same attitude.

Dr. WALKER, in reply, pointed out that while changes might be required in connexion with some hospitals, they

would not be wanted everywhere. He, in common with the majority of people who considered this question, wished the voluntary principle to be maintained as far as possible.

The motion was agreed to.

The second motion standing in the name of the Subcommittee—

That necessitous persons shall continue to be treated free.—

was withdrawn, the meeting being of opinion that the principle was sufficiently expressed in the previous motion.

Considerable discussion took place on the next motion, proposed by the Hospitals Subcommittee:

That it is undesirable that the voluntary hospitals should be subsidized by the local rating authorities, except in so far as payment is made for the examination and the care of patients for whom these authorities are responsible.

Dr. WALKER moved as an amendment:

That except under special circumstances it is not desirable that voluntary hospitals should be subsidized by the local rating authorities.

He preferred "not desirable" to "undesirable" as being less committal. The whole motion was too specific, and they would require a definition of the word "subsidized."

Dr. TROTTER (Perth), who seconded the amendment, said that Perth Royal Infirmary had approached the local authorities for relief of rates on the ground that they were a voluntary hospital.

Dr. BALLANTYNE (Glasgow) asked if the motion would preclude the acceptance of subscriptions from the local authority out of the "Common Good." He suggested that an addition should be made to show that it was taking money out of the rates that was objected to.

The CHAIRMAN pointed out that a corporation might make a contribution in its capacity as an employer or in return for beds being retained for a special purpose. Such a contribution would be in keeping with the voluntary principle, but a contribution given as a rating authority on behalf of the citizens raised a very different issue.

Dr. STEVENS (Edinburgh) supported the motion in that it supported the principle of payment for work done, and would not in any way compromise the hospital accepting payment. Professor MONRO (Glasgow) also supported the motion, objecting to the amendment as lacking in definiteness.

Dr. SNODGRASS (Chairman of the Scottish Committee), said that if they had a regular subsidy from the corporation they would have regularized control. "We want" (he said) "to avoid the hospitals being controlled by the State or municipality. We do not object to voluntary subscriptions from a corporation, but we object to a regularized system which would involve control."

The amendment was rejected, and the motion was carried with the substitution of "not desirable" for "undesirable."

The next motion was by the Hospitals Subcommittee:

That greatly extended support for voluntary hospitals should be sought from employers, employees, and insurance companies.

An amendment by Dundee Royal Infirmary to insert "and organized" between the words "extended" and "support" was accepted.

An amendment was proposed by Dr. NORMAN WALKER:

That the ever-increasing demand for the upkeep and extension of the existing and the provision of new hospitals necessitates an appeal to all sections of the community for increased support.

He wanted to broaden this motion for many reasons. Most hospitals had managed to carry on last year only by making a very special effort, and it was doubtful if this special effort could be made again. More hospital beds were required, and he could not see where the money was to come from to provide them. All classes of the community benefited, directly or indirectly, from the existence of the voluntary hospitals, and it ought to be brought home to the public how much they had benefited.

Professor MACKINTOSH supported the amendment, and felt that it would be a mistake to seem to pillory employers in this way. Mr. WADE thought it most desirable that the motion should not be altered since all present were prepared to defend the voluntary principle. If the voluntary principle did best for the country, then it must be maintained. Employers were beginning to realize more and more how much they benefited financially from the work done in hospitals.

After further discussion the motion was carried by a small majority, and the following rider was agreed to:

That the ever-increasing demand for the upkeep and extension of existing hospitals and for the provision of new hospitals necessitates greatly extended and adequately organized support by all sections of the community.

The Hospitals Subcommittee proposed:

That every patient of a voluntary hospital who is not a necessitous person should make a contribution, during treatment, towards the cost of maintenance, except where the contributory method of subscription is adopted as essential in industrial areas.

Professor MONRO (Glasgow Western Infirmary) opposed the motion. He objected to the principle, and believed it would be difficult to carry out in practice, with any degree of justice. Professor BOYD (Edinburgh Royal Infirmary) also opposed it, and said that the Royal Infirmary staff could not accept the motion.

Mr. PRINGLE (Glasgow Royal Infirmary) said the position in Glasgow was different from that in Edinburgh, because patients were not admitted to the Glasgow Royal Infirmary without a subscriber's line. The staff were unanimously of opinion that some steps should be taken to obtain contributions from patients who were able to pay. Dr. DIXON (Hawick) said that the principle had always obtained in their hospital and there had never been any difficulty. Dr. WALKER believed the contributory method promised the best results; the exacting of payment from patients would conflict with it, and would meet with opposition from the managerial side.

Professor MACKINTOSH (Aberdeen), though he agreed that patients did not give nearly as much as they ought to, could not agree to the proposal to make it a rule that persons under treatment should make a contribution.

The motion was rejected.

A motion that hospital almoners should be appointed was also lost.

The following was agreed to unanimously:

That where voluntary hospitals provide accommodation for patients who are able to pay for maintenance and treatment no fixed rate of payment for professional services rendered to such patients should be established, the fees so payable to remain as at present a matter of arrangement between patient, family physician, and consultant.

The motion by the Hospitals Subcommittee—

That in the event of decisions being taken which would lead to patients paying, in part or in whole, the hospital maintenance fees, either individually or by some contributory method, or with the addition of rate aid or State aid, or by a combination of two or more of these methods, a percentage of all such payments shall be passed into a fund which can be allocated in any manner which such honorary medical staff may determine.—

was rejected in favour of the resolution of the former Conference—namely:

That when a hospital receives payment from any public body for the treatment of individual cases a reasonable proportion of the amount received be put at the disposal of the medical staff.

The following motion by Glasgow Royal Infirmary was referred to the Hospitals Subcommittee for inquiry and action:

That in respect that the training and education of nurses is a branch of secondary education, voluntary hospitals, which are recognized training schools for nurses, should receive Government grants-in-aid as are given to schools for ordinary secondary education.

It was unanimously resolved:

That this Conference of Representatives of Medical Staffs of Voluntary Hospitals of Scotland, convened by the British Medical Association, considers that the questions discussed by the Conference are of great importance and by no means solved as yet. The Conference therefore believes it would be well to have the mechanism whereby a similar conference could be called as and when necessary. To this end the Conference desires to ask the Scottish Committee to authorize its Hospitals Subcommittee to call a Conference when deemed desirable.

The meeting concluded with a vote of thanks to the Chairman for his conduct of the business.

## INSURANCE.

### CONFERENCE OF REPRESENTATIVES OF PANEL COMMITTEES (GROUP F) AT BIRMINGHAM.

A MEETING of Representatives of Panel Committees comprising Group "F" was held at Birmingham on February 8th.

The SECRETARY (Birmingham Panel Committee) stated that no replies had been received to the invitations sent for the meeting from Burton-on-Trent, Worcester, Derbyshire, Derby and Leicestershire.

Dr. DAIN (Chairman of the Birmingham Panel Committee) explained the objects of the conference, and said that he had been asked by his committee to arrange for a meeting of representatives of Panel Committees forming Group "F," to consider the formation of a Standing Joint Committee for that group, that in several groups such a committee had already been formed and found to be very useful. He stated that if it was decided to form one for Group "F," he thought the

Birmingham Panel Committee would be pleased to offer their room for the purpose of holding the meetings, and this offer was accepted.

Dr. Dain was then elected chairman for the meeting, and on a motion by him, it was decided to form a Standing Joint Committee. Several members considered that such a committee would be very useful and would strengthen the hands of their representatives on the Insurance Acts Committee.

The model scheme for the constitution of a Standing Joint Committee contained in M. 28 British Medical Association, was then considered, and the following scheme adopted:

1. There shall be a Standing Joint Committee for those Local Medical and Panel Committees comprised in Group "F," which jointly nominate two members for election on the Insurance Acts Committee.

2. The objects of the Standing Joint Committee shall be:

(i) To consider any matter affecting the welfare of insurance practitioners, and to take such action as may be deemed to be necessary in the interests of the insurance practitioners in the group.

(ii) To enter into any arrangements with neighbouring Local Medical and Panel Committees or group committees thereof, for similar purposes to those stated in Clause (i).

3. The Committee shall be called the "Group 'F' Standing Joint Committee of Local Medical and Panel Committees."

4. The following Local Medical and Panel Committees shall be deemed to be members of the group, but the list shall be corrected in accordance with any fresh grouping which may in future be adopted for the constitution of the Insurance Acts Committee:

| | | |
|---|---|---|
| Staffordshire | Burton-on-Trent | Stoke-on-Trent |
| Smethwick | Walsall | West Bromwich |
| Wolverhampton | Warwickshire | Birmingham |
| Coventry | Worcestershire | Dudley |
| Worcester | Herefordshire | Shropshire |
| Derbyshire | Derby | Leicestershire |
| Leicester | | |

5. Each of the Panel Committees comprised in the group under Article (4) hereof shall appoint one representative and a deputy to this Standing Joint Committee, and these shall be elected annually at the annual meetings of the respective committees comprised in the group, and shall be eligible for re-election. The representatives with any members of the Insurance Acts Committee who reside in the area of the group (who shall be *ex officio* members) shall constitute the Standing Joint Committee of the group.

6. The officers of the Standing Joint Committee shall be chairman, vice-chairman, secretary, and treasurer.

7. The Standing Joint Committee shall meet half-yearly in the months of April and September, also before any special conference of Local Medical and Panel Committees.

8. Special meetings shall be held at the discretion of the chairman (or, in his absence, the vice-chairman), or at the request of not less than six members of the Standing Joint Committee.

9. Two weeks' notice shall be given of the holding of all regular meetings; and for special meetings not less than three days' notice, and not more than seven days' notice, when called on demand.

10. An annual capitation, the amount of which shall be fixed annually in accordance with the requirements of the Joint Committee, but shall not exceed . . . per practitioner on the respective panel lists, shall be paid by each Panel Committee to the treasurer to meet the expenses of the Standing Joint Committee.

(A discussion here took place as to the amount to be fixed, and it was decided that this should be brought up again at the next meeting, after the representatives had reported to their committees.)

11. An annual financial statement shall be prepared by the treasurer and presented to the meeting held in the month of April in each year.

Dr. CROFTS (Leicester) suggested on behalf of his committee that Group "F" be divided into two single-member constituencies for the purpose of electing representatives on the Insurance Acts Committee. After some discussion, it was decided that the various Panel Committees should consider the proposal and their views be brought forward at the first meeting of the Standing Joint Committee.

On the motion of Dr. RIDLEY BAILEY (Insurance Acts Committee), the following resolution regarding the proposed Regulations in connexion with the Dangerous Drugs Act was carried unanimously:

That the representatives of the Panel Committees comprising Group "F" assembled in conference in Birmingham, strongly protest against the proposed Regulations of the Dangerous Drugs Act, and call upon the Government to withdraw the Regulations affecting the medical profession, as they are impracticable to carry out and likely to militate against the proper use of the drugs scheduled.

The Secretary was asked to forward a copy of the resolution, together with a list of the Panel Committees referred to, to the Prime Minister, the Chancellor of the Exchequer, the Chancellor of the University of Birmingham (Right Hon. Lord Robert Cecil, M.P.).

Drs. DAIN and RIDLEY BAILEY referred to several matters at present being discussed by the Insurance Acts Committee with the Government.

It was decided to hold the first meeting of the Standing Joint Committee on Thursday, April 14th, at 3.15 p.m., the business to be to elect officers; and the Secretary of the Birmingham Panel Committee was asked to send out the notices.

## DIARY OF SOCIETIES AND LECTURES.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1.—Mon., 8.30 p.m., Discussion on the Chemical Estimation of Gastric Function, to be introduced by Dr. J. H. Ryffel, M.A., Dr. J. A. Ryle, Dr. T. I. Bennett, Dr. R. L. M. Wallis, Mr. E. C. Dodds, Dr. G. Graham Dr. C. Bolton, Dr. R. Hutchison, Dr. W. H. Willcox.

MIDDLESEX HOSPITAL MEDICAL SCHOOL, W.—Emeritus Lectures, 3 p.m.—Tues. and Thurs., Dr. W. McC. Wanklyn: Future of the Medical Profession.

ROYAL COLLEGE OF PHYSICIANS, Pall Mall East, S.W.—Tues. and Thurs., 5 p.m., Dr. George Graham: Goulstonian Lectures—Glycaemia and Glycosuria.

ROYAL SOCIETY OF MEDICINE.—*Section of Odontology:* Mon., 8 p.m., Mr. W. W. James: Dental Infection; Mr. P. Cole: Pedicle Bone Grafts Two Years after Operation. *Section of Surgery, Subsection of Orthopaedics:* Tues., 5 p.m., Cases; 5.30 p.m., Discussion on Recurrent Dislocations (Shoulder, Patella, etc.) and their Treatment, opened by the President, Mr. Laming Evans (Shoulder); Mr. W. Rowley Bristow (Patella). Examples of the condition will be shown. *Section of Pathology:* Bacteriological Department, Guy's Hospital, S.E.1, Tues., 8.30 p.m., Demonstrations, Dr. E. P. Poulton: (1) Modification of Van Slyke's Method of Measuring Oxygen in Blood; (2) Method of Obtaining Alveolar Air Samples in Untrained Persons. *Section of Surgery:* Wed., 5.30 p.m., Demonstration, Mr. Edred M. Corner: The Fate of Silk, Nerve Regeneration, and Internal Scars (Amputations): Pathological Specimens, Skiagraphic Plates, Prints, and Illustrations will be on view at 4.30 p.m. *Section of Obstetrics and Gynaecology:* Thurs., 8 p.m., Specimens, Dr. Russell Andrews: (1) Two Cases of Sarcoma of the Uterus; (2) Lipomatosis of Stroma of a Uterine Fibromyoma; Papers, Dr. Geoffrey Evans: The Arteries in a Uterus twenty-four days after Delivery; Dr. Alec Bourne: Puerperal Salpingo-peritonitis. *Section of Laryngology:* Fri., 4 p.m., Cases. *Section of Anaesthetics:* Fri., 8.30 p.m., Mr. R. Apperly: Importance of Examination by Anaesthetist of Patient.

ST. JOHN'S HOSPITAL, 49, Leicester Square, W.C.2.—Thurs., 6 p.m., Dr. W. Griffith: Chesterfield Lecture—Skin Eruptions of Syphilis.

TUBERCULOSIS SOCIETY OF GREAT BRITAIN AND IRELAND, Margaret Street Hospital, W.1.—Mon., 7.30 p.m., Dr. W. Gordon: Rain-bearing Winds and Tuberculosis.

## British Medical Association.

*OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.*

### *Departments.*

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).
MEDICAL SECRETARY (Telegrams: Medisecra, Westrand, London).
EDITOR, *British Medical Journal* (Telegrams: Aitiology, Westrand, London).
*Telephone number for all Departments:* Gerrard 2630 (*3 lines*).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)
IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

### *Diary of the Association.*

FEBRUARY.

25 Fri., London: Medico-Sociological Committee, 2.30 p.m.

MARCH.

2 Wed. Camberwell Division.
City Division: British Medical Association Lecture by Mr. McAdam Eccles on Early Diagnosis of Acute Abdomens, Metropolitan Hospital, 9.15 p.m.

3 Thurs. London: Executive Subcommittee of the Insurance Acts Committee.

4 Fri. Edinburgh Branch: Winter Clinical Meeting, Royal Infirmary, 3.15 p.m. Lecture by Dr. J. S. Haldane, 5 p.m.; Dinner, Caledonian Station Hotel, 6.30 p.m.

8 Tues. London: Scrutiny Subcommittee, 2 p.m.

9 Wed. City Division: General Meeting.

16 Wed. London: Joint Conference of Ministry of Health, Medico-Political, Hospitals, and Public Health Committees, 2 p.m.

18 Fri. North of England Branch, Mental Hospital, Ryhope, 3 p.m. Professor J. Middlemiss: Incipient Insanity.

## POST-GRADUATE COURSES AND LECTURES.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION, Ear, Nose, and Throat Hospital.—Wed., 4.15 p.m., Members of the Staff: Cases.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Thurs., 4 p.m., Dr. A. M. H. Gray: Itching in Children.

MANCHESTER BABIES' HOSPITAL, Slade Lane.—Sat., 3.30 p.m., Dr. Hickling: Rickets.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.30 p.m., Dr. C. H. Melland: Heart Disease.

MANCHESTER: ST. MARY'S HOSPITALS (Whitworth Street West Branch).—Fri., 4.30 p.m., Dr. Dougal: Tumours Complicating Labour, Pregnancy, and the Puerperium.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Mon., 5.30 p.m., Dr. Moon: Arterio-sclerosis.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.1.—Daily (except Wed. and Sat.) 2 p.m., Out-patient Clinics. Lectures, 3.30 p.m.—Mon., Dr. K. Wilson: Functional Nervous Disease; Tues., Mr. Armour: Cervical Ribs; Thurs., Dr. G. Holmes: Muscular Atrophies. Fri., 3.30 p.m., Dr. Tooth: Demonstration of Cases.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.15.—Daily, 2 p.m., In-patient and Out-patient Clinics. Operations, etc. Lecture-Demonstrations.—Mon., 4.30 p.m., Mr. Banister: Pyelitis in Pregnancy; Tues., 3 p.m., Mr. Howell Evans: Surgical Cases; Wed., 3 p.m., Dr. Oliver: Skin Cases; Thurs., 3 p.m., Dr. Provis: Modern Treatment of Syphilis; Fri., 3.p.m., Mr. Gillespie: Surgical Cases.

SALFORD ROYAL HOSPITAL.—Thurs., 4.30 p.m., Dr. Gibson: Seborrhoeic Dermatitis.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Daily, 10 a.m., Ward Visits; 2 p.m., In- and Out-patient Clinics and Operations. Lectures, 5 p.m.—Mon., Dr. G. Stewart: General Paralysis of the Insane; Tues., Mr. Grey: Surgical Disorders of Stomach and Duodenum; Wed., Mr. Armour: Abdominal Tumours; Thurs., Sir A. Garrod: Interaction of the Glands of Internal Secretion; Fri., Mr. Addison: Early Hip Disease. Sat., 12 noon, Mr. Sinclair: Surgical Diseases of the Abdomen.

## BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.*

### BIRTH.

CLARK.—On February 18th, at 1, Tynedale Terrace, Benton, Northumberland, to Dr. and Mrs. G. A. Clark, a son.

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